

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if



Nurse Robert
Bullock Co. Corr. Facility
P.O. Box 5107
Union Springs, AL 36057

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

Bruce Hays 8/21/07

C. Date of Delivery

every address different from item 1? ☐ Yes
enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7007 1490 0000 0026 6183

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540